SELF-ACCEPTANCE AS A FUNCTION OF SIBLING-REACTION AND PEER-GROUP ACCEPTANCE AMONG THE HANDICAPPED

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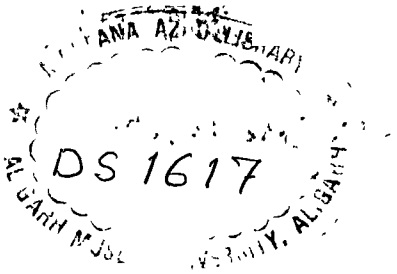

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This is to certify that Miss. Tabassum Research Scholar, Department of Psychology, A.M.U. has worked under my supervision on " SELF-ACCEPTANCE AS A FUNCTION OF SIBLING REACTION AND PEER-GROUP ACCEPTANCE AMONG THE HANDICAPPED".

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Acknowledgment

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CHAPTER - I

INTRODUCTION

It would be pertinent to initiate our study with the elucidation of the term 'handicap', not only because it constitutes a key concept in the present investigation, but also because the usage of the particular term in preference to other synonymously-used terms like 'disability' or 'disadvantage' indicates an attitude towards the phenomenon. This attitude is of placing the handicapped at a point on the continuum of existence that lies close, or even overlaps at junctures to positions at which normal individuals are perceived. A handicap is a phenomenon experienced by each of us, for at some level of functioning and in the context of some behaviours, we are bound to fall below the desired level. So, as in the vocabulary of golf, every player has his own handicap, each of us plays the game of life with our handicaps very much in evidence.

So, usage of the term handicap carries a subtle and implicit connotation of viewing the handicapped merely as a group with some special problems and not in terms of a qualitative continuum of able versus disabled, advantaged versus disadvantaged.

Although 'handicap' implies that the individual is somehow disadvantaged in relation to some desired life objective, it should be noted that not all levels of intensity of a given disability are handicap. In fact, handicap cannot be described

in totally absolute terms, since the issue is related in part to the manner in which the person perceives himself and in which society deals with him. Both are inextricably related and it is within this relationship that the psychologist intervenes.

There may be various ways of classifying the handicapped person. Du Bose (1978) has suggested that mentally handicapped may be classified according to the AAMD (American Association of Mental Deficiency's) manual and terminology as border-line, mild, moderate, severe and profound retardation. All other forms of handicap are suggested to be brought under the category of moderately or severely 'handicapped'. It has been generally recognized by the professional-community, that individuals possessing severe, profound, or multiple handicaps can be grouped under the umbrella of severely handicapped.

Paul Thompson (1974) Director of programmes for severely handicapped children and youth, Bureau for the Education of the handicapped, defines the severely handicapped child as --- "One who, because of his physical, mental or emotional problems or a combination of such problems, needs educational, social, psychological and medical services beyond those which have been offered by traditional programmes, to maximize his full potential for useful and meaningful participation in society and for self-fulfilment".

Classifications on the basis of area of body affected (orthopaedic, deaf-dumb etc.), though common earlier, are no longer cosidered feasible, as they are merely descriptive labels, without pointing out to any distinctiveness in terms of dynamics involved. We are finding increasingly that handicaps may be multiple in nature and many common denominators operate in various forms of handicap. A unified approach is therefore necessary. For example, the handicapped in speech represent physical, neurological together with emotional problems. Pathology of speech is often found to be based on some other physical handicap, such as orthopaedic. Possibly, the state of motor handicap leads to an emotional situation reflected in speech pathology like stammering and stuttering. Innumerable examples to illustrate the fact that a common strain interlinks the emotional, physical and sensory handicaps may be cited. Another common strain that interlinks handicaps is that, to whatever degree alleviation of problem is possible, a major role is played in this by an attitude of positive self-acceptance, optimism and a will to rise.

Understanding the behaviour and problems of the handicapped is an important area of human concern. The handicapped do not have to be merely tolerated or looked after, but problems distinctive to them must be clearly appreciated. It must be also understood that handicap in one area does not mean handicap in all areas. Thus a person with inability to reach optimal targets in one field may have potential for excellence in some other. Not only form the

point of view of the individuals themselves, but also in view of the social benefits, this is an important point. More important, even if no benefit is to accrue to society, it is in the interest of humanism and compassion to study our less privileged brethern, for handicapped individuals too have the right to live happy decent lives. By finding out and understanding factors which are significant to their personality and behaviour, we can understand their problems better & do our duty by them in a better way. As some one put it, "the greatest good you can do for another is not just to share your riches but to reveal to him his own".

A handicapped person should be guided to develop his dormant abilities and to integrate in the mainstream of the country. To attain "full participation and equality" in society for a disabled person, it is imperative to have a guarantee for means of livelihood. Only through gainful occupation and economic independence can they participate in social life without any stigma and utilize the benefits available to able-bodied peoples. Severely handicapped children sometimes are unable to use the common learning experiences of every day living which form the basis for intellectual development in non handicapped children, so the environment must be adapted to meet their development needs. Special programmes which appreciate their problem, but at the same time do not detach them from the mainstream must be contemplated. Care should be taken to make these programmes comprehensive. An immobile child who

spends all his time lying on his back may be considered by his parents to be intelligent because he can repeat nursery rhymes and count-up to ten, but if this detached verbal skill is fed at the expense of all sensorimotor learning and he has little chance of linking verbal learning to an understanding of the material world, it would serve no end.

It is necessary that the individual having handicaps be encouraged and taught to become independent in all vital spheres. If some special ability exists, it should be fostered as it may become the backbone of his adjustment as well as livelihood.

A very pertinent question is - what are the major forces that can exert a beneficial and constructive influence in this quest for optimal adjustment. How do the normal and natural social forces which each child faces during the developmental process reflect on the adjustment of the handicapped child ?

Experiences relating to parents, siblings and peer-group may have important implications for the child with handicap since a sense of acceptance-rejection by the above forces may determine his own self acceptance, self-alienation and attitudes.

To parents, the birth of a handicapped child always comes as a shock. During pregnancy, mothers often worry about the possibility of having a defective child, yet these passing throughts in no way prepare the mother for an actual event. Typically both parents react to the birth of a handicapped child by feeling helpless, disappointed, angry, confused, and guilty (Poznanski, 1969). Parents tend to see their children as an extension of

themselves, so having to bear a defective child is experienced as a personal failure.

During pregnancy, the image of an expected child that most parents have in mind is a combination of the desirable traits of the father, the mother, the grand parents and so on, so when the child is born defective, all expectations are crushed. The parents must relinquish the goals and fantasies they have woven around their healthy child, and must relate to a sick child with a different and usually a reduced set of expectations. The transition is not easy. There is, however, one major point to be considered. When the child is born normal and becomes handicapped later, the parents already have strong attachment to the child. The mothers emotional attachment to the new born child is still undeveloped and is more easily arrested or interfered with than the attachment to an older child.

The physical presence of the child is a constant reminder of the grief and loss, while growth and development constantly present new problems with which the parents must cope.

After the initial shock, parents often attempt to deny that the handicap is permanent. They may insist that the child will "outgrow" it, that, a cure will be found, or that a child is "blessing in disguise". This sort of denial and reaction formation is usually a stage in the parental adjustment, sometimes it becomes a life long attitude.

Dibner and Dibner (1971) feel that a disabled child's adjustment to an integrated camp depended on two things; the severity of the child's disability and his personality, which includes social adjustment. In terms of personality, the parents whose children were described as 'shy', "need encouragement"and "need discipline", were those children who were more likely to end up with a poor adjustment in camp. Those mothers who described their disabled child as "outgoing" or "enjoyed new experiences" were more likely to have a child who would make an excellent adjustment in camp.

Common to all handicapped children is their need for the development of a realistic understanding of their strengths and limitations and the development of a wholesome personal self concept. The psychological effect of each kind of handicap on the personality of each child is a most telling argument for the establishment of special services for these children. Even traditional family bonds may be inadequate to cope with the problem of the disabled person, because expert guidance in relation to overcoming handicap cannot come from the family and the child cannot find himself happy if left to a situation of dependence. Even in situations where the handicapped finds employment, things would still be difficult and challenging because in many cases, the competitive, hostile environment makes him even more aware of the handicap, and serious mental health problems may result from such conflicts and frustrations. There is need to explore the inner

world of these handicapped individuals in order to understand them and to suggest ways and means to cope with their problems.

When we talk of probing and understanding the inner world of the handicapped, we have to think in terms of the individual accepting his self- and being at peace with himself, for an important parameter of personal happiness is self-acceptance. Of course, no thinking, feeling human being can be totally at peace, for we strive towards higher and better goals only when we question what we have. But, if the turmoil within us is so terrible that we lose instead of gaining, then it becomes a matter of concern. If noble goals are motivators that inspire us they are not detracting from our self-acceptance, rather they contribute to our psychological health.

Self acceptance involves a realization of both our shortcoming and our worth and is an important criterion of personal happiness and quality of life. Allport (1961) describes self-acceptance as "capacity to accept all aspects of our being including weaknesses and failure without being passively resigned to them. It refers to the capacity of living with unpleasent aspects of human nature with little conflict within ourselves or with society, to do the best we can and in the process try to improve ourselves". According to Thorpe (1966) there are three significants characteristics of self a feeling of unity, an awareness of internal sensibility, and an awareness of one's individual existence in the world. Jersild, A.T.(1952) points out that by "self-acceptance we mean attitudes of trust, confidence and

healthy self-regard, that enable a learner to be free to draw upon his potentialities, to realize his possibilities, while remaining free to profit from correction and criticism".

According to Hurlock, B(1970) "children to be self-acceptance must develop success factors if they are to make the most of their potentials. These success factors include taking the initiative instead of wanting to be told what to do, being accurate and painstaking in whatever they do, being cooperative and willing to do more than their share". Accepting oneself, however, is not an easy matter since one regresses easily into rationalizations instead of facing one self squarely and objectively.

Self-understanding helps to close the gap between the real and the ideal. The child who understands himself does not merely recognize facts about himself, he also perceives the significance of these facts. For example, to be self accepting, the child who is physically handicapped must not only realize that his handicap cuts him off from many activities but also realize that it does not cut him off from everything. There are some activities that he can enjoy with his peers, and he can make his contribution to the enjoyment of the group through this self-understanding and self-acceptance. The better the child understands himself the more realistic he is, and the smaller the gap between his real and ideal self-concept will be.

Finally, since the self-acceptance is greatly influenced by the stability of the self-concept and is also greatly influenced by the attitudes of significant people, it is logical that the degree of self-acceptance the child experiences will vary from time to time. A particular range of variance can probably be coped with quite easily by healthy individuals. However, the possibility of drastic variance is enhanced when the person suffers from handicaps and the possibility of social attitudes in one sphere being sympathetic and in the other unsympathetic and callous is increased. Since self-acceptance is a phemomenon existing relatively in deep quarters of personality functioning, coming into existence through a process of assimilation and internalization, fluctuations in attitudes of members of social group will shake the structure violently. It may place demands which are beyond the individual's capacity. To develop self-acceptance it is necessary for a child to be with people, at home or at school, or some one who can help him to become aware of his facts, and limitations without rejecting him.

The greater the child's overall confidence in himself is, the better he is able to afford, so to speak to look squarely at the fact that he is imperfect in this or that particular way. A study conducted by Trent (1953) showed that Negro children who tended to reject themselves most also tended to have rejecting attitudes toward other Negro children and toward white, while the

children who tended to have positive attitudes toward themeselves also tended to be friendly rather than hostile in their attitudes toward other negroes and toward white. Thus, there is a common element in emotional currents that are involved in good will or ill will toward others and towardoneself. Love of self and love of others go hand in hand. A child who hates others probably hates himself.

G.W. Allport (1961) says that sense of self builds up gradually, it continues to expand with experience as one's circle of participation becomes larger. Many writers speak of self-acceptance as an integral feature of maturity (Hurlock,Skinner Allport). According to Roger' (1968) and Fromm (1956) that the more a person accepts himself or herself, the more likely he or she is to accept others. In other words, Roger's contends that if self-acceptance occurs (i.e., if the self-ideal discrepancy is small), then acceptance, respect, and valuing of others follows.

G.W. Mead(1934) states that the original sense of the me is made up largely of the activities, attitudes, words, gestures of others which the child perceives, imitates and responds to. His sense of self is thus a product of other people's behaviour toward him. Some treat him as offspring, some as a sibling, as a playmate or as a stranger. These are so to speake his 'looking glass selves' or his role in life in which he develops a sense of continuity

and indentity. He never shakes himself free from seeking himself in terms of the roles he plays. HERTHA (1962) suggests that a young person strives to gradually define his or her identity with increasing consciousness. Further,"children are aware of everything that goes on between the parents like the lack of love and the lack of acceptance. When people are closely bound together in space, their frictions are produced by mere proximity". Thus the family and close social circle hold the key to the individual's self-image, for the frictions of proximity provide the best nurturance (and sometimes setback) for personality growth. The resulting self-acceptance by the child is based both on identification with parental acceptance but also by his joining in as a member of the human community as a whole (Bachelard g. 1948). Clark Moustakas,c.e. (1956) has put the matter very succinctly when he says, "As long as the individual accepts himself he will continue to grow and develop his potentialities. When he does not accept himself,much of his energies will be used to defend rather than explore and to actualize himself". Self acceptance is the degree to which an individual, having considered his personal characteristics is able and willing to live with them.

Children get an opportunity to develop both positive and negative feelings regarding themselve from their home and the environment there around. In turn, positive feelings develop self-confidence, fearlessness, love and sympathy for others, truthfulness,

self control etc. Consequently the possibility that the child will accept himself and make better social adjustment is vastly increased if the home envirion fosters positive feelings rather than negative.

The child interacts in the family (home) not only with parents but in most cases with sibilings. What effect this interaction has on him depends in Adlerian terms on his position in the family constellation.his age at the time of birth of other children and his relationship with his parents. If a child is an infant when a sibling is born, he will have too little perception of the situation to be jealous. However, if he is old enough to recognize that he is sharing his mothers affection or more concretely her attention - with someone new he is almost sure to be jealous. Aggression & hostility to the newborn is a possible outcome but in emotionally insecure children, regressive behaviour like bed-wetting, thumb-sucking may occure (Baller, W.R.).

Hurlock (1953) suggests that sibiling relationships have normal phases of ups and downs. For example the pleasant relationship between babies and their sibilings starts to deteriorate during the secondyear of life, and by the time babies become young children, the relationship is often frictional. Not all sibiling relationship is frictional all of the time but at every point of time some favourable as well unfavourable sibiling relationships exist. Whether the sibilings are older or younger, they contribute emotional security and teach young children how to show affection

for others. Further more, all children learn in a family where there are sibilings, to play certain roles depending on their sex, their ordinal position in the family and the age differences between them and their sibilings.

There is unanimous agreement on the fact that since almost all families have more than one child, the number, sex and spacing of children are factors that effect not only parent-child interaction, but also the influence that sibilings have on each other.

As family size increase opportunities for extensive contact between the parents and the individual child decrease, but opportunities for a variety of interactions with sibilings expand. Nuttal and Nuttal (1971) point out that as family size increases the mother exhibits not only less attention but also less warmth toward individual children. Frequently older sibilings are assigned the supervisory and disciplinary roles maintained by parents in smaller families. The eldest child is the only one who, until he is dethroned by the birth of a subsequent child, does not have to share his parents love and attention with other sibilings. However, increased involvement of the father with the first born child can to some extent counter the child's feeling of displacement and jealousy of the younger sibilings (Taylor + Kogan 1973).

Another study (Lamb and Smucks 1977) points out that every infant and youngster tends to watch, follow and imitate older sibilings. So, older sibilings may play an important role in

facilitating the younger child's mastery over the inanimate environment. Branden (1974) points out that the seriousness of unfavourable sibiling relationship is that they effect the relationship of all family members and even relationship with others (outsiders).

Parents are, to a great extent, responsible for sibiling rivalry by showing favouritism towards one child, which is resented by others. Much of what has been written about the contributions of sibiling relationships to child development is more applicable if the children are close in age. They play together, work together, eat together, share the same rooms, toys, clothes and have similar interests because of similar maturational phases. Close age sibiling can form a sort of union against parental management. They save each other from being with adults too much, and treat themselves as equals.

The factor of sibilings and relationship with them becomes a matter of great concern for the handicapped child. Over and above factors of rivalry and competition for parental love, the presence of the handicapped child may create pressing situations. Caring for the handicapped off-spring may take the attention of the mother so over whelmingly that the sibilings may resent this. They may also be called upon to share responsibility and involve their sibiling in activities of games and leisure. Whether they perform this task with compassion and pleasure or they do so with resentment and

anger is the result of value systems and attitudes inculcated in them. Whatever the attitude is , it will nevertheless exert a drastic influence on the handicapped child's self-acceptance.

As the child's relationships with his parents, based upon affection and discipline, give him training in reacting to superiors, so do the relations with sibilings give him training in reactions towards his equals. Here one finds the development of friendship and co-operation, or dominance and leadership. The foundation of peer-group relationship is thus laid, to a very great extent, by sibiling reactions and attitudes.

The "peer-group" has been described as an "aggregation of people of approximately the same age who feel and act together". The term peer usually refers to children who are social equals and who are similar on characteristics such as age. However, recently it has been suggested that classifying children who interact at about the same level of behaviour complexity as peers might be more appropriate than just focusing on equal ages (Lewis & Rosenblum 1975).

The relationship with peers is qualititively different from that with family members. Havighurst (1953) considers the peer-group as a play group which furnishes companions who, unlike adults are of approximately equal skill and strength and who provide a fair test of child's capacities. According to Coleman, (1961) as the child grows older and participates increasingly in activities outside the family, his relationship with people outside the family

becomes increasingly important in his development. The child who is intimated and bullied by other children, for example may lose his self-confidence and come to feel that his only "safe" role is a submissive one. This in turn may lead to problems in holding hostility.

Bruner(1965) point out that peer-group is a significant source of social control in human beings. Being accepted by the peer-group is an important source of happiness and self-confidence for the child. To ensure his acceptance by the peer-group, the child learns that he must accept the groups interests and values, and in the process of accepting peer-group values may often opt for behaviour that receives disapproval from school and other adult organizations. Just as the peer-group may be an important face enhancing adjustment in school, Hurlock(1943) points out that when encouraging the child to be critical of school, may perpetuate his poor adjustment to the school. According to Hurlock(1932) handicapped children find themselves left out of many activities which their classmates enjoy; the few extra curricular activities they can participate in generally have a low prestige value. Children who deviate markedly from the norm in mental ability likewise enjoy poor social acceptance. Dull children dislike the school, because of peer-rejection and because they are made to feel inadequate both in class-room and in play.

Peers are a source of information about social-interaction rules and about how well the child is playing the game, from a different perspective than that of the family. It is the perspective of equals with common problems, goals, status and abilities.

There are few objective ways in which the child can evaluate his or her charecteristics, values and abilities. He or she turns to other people, particulary to peers (Saltz, Dixon & Johnson 1978).

According to Cowarding, Nancy, Whelan (1984), a number of studies have indicated that mainstreamed handicapped students are not generally accepted by their non-handicapped peers. Whatever the degree of acceptnace observed, it appeared to vary according to certain physical, social, and psychological charecteristics of the evaluating peer. In an extremely significant study conducted by them, sixty nine non-handicapped and eleven learning handicapped students were studied. Sociometric data were obtained, including gender, chronological age, ethnicity, school placement, socio-economic status, school achievement, and physical education ability,

Results indicate that :-

(1) The learning handicapped group were rated lower in social status than their non-handicapped classmates.

(2) More popular students were more accepting of their handicapped peers than were less popular.

(3) Higher moral maturity displayed more accepting than lower moral development.

(4) Girls were more accepting of their handicapped peers than boys.

(5) Older students were more accepting than younger students in class.

(6) Individuals with social status comparable to the learning handicapped were found to exist within the non-handicapped population. These students were similar to the learning handicapped-group in social skill, moral development and physical education ability.

Although the sample was limited these findings have important implications, social status was affected by the handicap, moral maturity, sex, age and social popularity influenced attitude towards handicap. The most illuminating finding is that within the group labelled as non-handicapped, and living a normal life as such, were many individuals similar to the learning handicapped-group in social skill, moral development and physical education ability. This strengthens our attitude of viewing the handicapped as a group with certain special problems, but remebering that there is no barrier of qualitative difference between the two groups.

The conclusion that more popular students were more accepting of their handicapped peers than were less popular was also indicated by the study conducted by Hampson (1984). He demonstrated that subjects rated as unpopular and unhelpful were not behaviourally helpful in the helping tasks that formed part of the experimental situation.

Cornsweetcarol (1985) is of the view that since a large body of the previous researches on peer-group acceptance had found link between problems in peer relationships during childhood and subsequent psychopathology, this link needed to be explored in more detail, in order to delineate what kinds of problems in peer

relationships are associated with what specific kinds of adjustment problems. It was found that social skill factors were consistently associated will all adjustment measures, and within social skills, the factor of social comfort was associated with all but one adjustment measure. The factor that topped namely knowledge of appropriate social responses was found related to popularity as well as to teacher and peer-rated measures of adjustment.

Foster, S. (1987) investigated the interaction and experiences by which deaf people are alienated from learning people and identify with other deaf people. Social rejection by alienation from the larger hearing community emerged as dominant and consistent across all categories of life experience. Oly when patients described interactions with deaf people did the them of isolation give way to comments about participation and meaningful interaction.

But when we are taking of mainstreaming the handicapped person, as far as the nature of handicap and its attendant psychological repercussions permit, then meaning ful interaction and participation must accure between the handicapped and the non-handicapped. In the particular study cited above, the nature of the handicap, namely deafness, may have interfered with interaction, so it is most probably a conclusion that does not apply to all types of handicap. Even in the case of sensory handicaps,

Communication between the handicapped and non-handicapped group can be facilitated through special teaching. It is primarily a matter of not being aware of issues of this type that has resulted in non-attention to them.

The investigator has taken for study dimensions of behaviour that may throw light on the phenomena in a manner that permits intervention. Facets of behaviour that are an integral part of the socializing process and also important sources of self evaluation have been chosen for study.

Self-acceptance is the core or central quality which accounts for the individual being at peace with himself and having a realistic appraisal of his self that helps him to adjust to life and cope with its demands.

Sen, A (1988) has pointed out that the handicapped person has to make major adjustments in two domains - to his own specific disability and to uncongenial social surroundings. Meaningful adjustment in these two areas is carried out through appropriate adjustments in different spheres such as physical, emotional, family, social and experience deprivation, which is the natural consequence of the handicapped.

Self-acceptance is a tangible and cogent parameter of how the individual has emerged in this coping process. Has the individual been able to come to terms with his disability, its psychological,

social and physical impact or is he entangled in a morass of rejection, self-pity and guilt ? However, self-acceptance can occure only through experiences and cognitions that strengthen it. The agencies that play a vital role in this include family as well as social forces outside the family.

Amongst forces that contribute to the emergence of self-acceptance, the role of siblings and peers is being highlighted. The study will focus on studying self-acceptance as a function of sibling-reaction and peer-group acceptance amongst handicapped.

REVIEW OF LITERATURE

Much of relevent literature has already been discussed in the preceding paragraphs in our attempts to elucidate our problem. A review of research and literature concerned with the major facets of our study is being highlighted below.

Some studies indicate very pointedly the role played by siblings and peers in the behaviour dynamics, particulary those of the handicapped.

Turnbull (1977), has pointed out that brothers and sisters of handicapped individuals often need special help in understanding their handicapped sibling. Brothers or sisters may have concerns related to the cause of their handicapped sibling's problems, whether their friends will understand, the educational and vocational potential of the sibling, the likelihood of

producing a handicapped child themselves, and whether they will have responsibility for their handicapped sibling after their parents die. Brestau, Naomi, Prabucki, Kenneth (1987) have pointed out that siblings at the worst extreme, together with manifesting an excess in depressive affect and social isolation. In an other study Breslain, Naomi, Wetzman, Michal and Messenger & Katherin (1982) have suggested that birth order in relation to disabled sibling and sex had a significantly interactive effect.

An important study in this connection was concerned with how key siblings of deaf-blind children perceived the parent-child relationship with their fathers and mothers for themselves and for their disabled siblings, (Banta, Elizabeth Mae (1984). The siblings perceived 14 significant differences between themselves and the disabled siblings; 12 differences from the sibling perspective and 2 from the parent perspective.

It is clear that siblings have an important role to play in the behaviour dynamics of the handicapped. Hoyer, Paulette Joyee Perrone (1984) have gone so far as to suggest on the basis of studies conducted that the degree to which security attachment and participation is encouraged between pre-school and new born sibling determines the quality of sibling interaction over time. The same point is made by Kelly (1976) that infants who have older siblings are more liked and accepted than those who have no siblings, since early interaction with siblings facilitates social

responsiveness. Thus the quality of relationship between a child and his sisters and brothers exerts a strong influence on his behaviour. This is all the more true of handicapped children who need sympathy, understanding and warmth from their family.

As the child's range of interaction becomes wider, his world expands from home to community and school. Peers therefore become important factors in the child's world. The peer-group becomes an important agent of social learning for the child. Bandura and Mc Donald(1963) have pointed out that through exposure to peers the child learns to make mature moral judgements. Walters and Parke, (1964) conclude that learning to resist temptation is a contribution of peer learning, to become less fearful is emphasized by Bandure and Grusee and Menlove (1967) as an outcome of positive peer interaction. Equally important is the socially undersirable impact of peer learning, such as disobedience, selfishness and agression (Hicks,1965).

A cause for concern is the conclusion reached by Richardson, Goodman, Hastorf and Dornbusch (1961) that children respond negatively to disabled persons. Beardsley and Donna(1982) too report that in his attempts to integrate handicapped into regular classroom, the non-acceptance of handicapped group by the non-handicpped peers was a noticeable factor which let him to conclude that unless the attitude of the peer-group was changed, more harm then good may result from this attempt.

In all probability the depressing trend of peer-attitude of non-handicapped peers towards their handicapped peers is due to the fact that the handicapped present a special situation demanding an attitude which we have not attempted to indicate and foster in our children. It is imperative that children should be exposed to experiencess and situation which help to develop appreciation and acceptance of handicapped peers, so that handicapped children can become better adjusted.

This is important because peer-group acceptance is an important means of self-evaluation in children. The child's self-image and self-acceptance are closely associated with how he or she is received by peers. (Dinner, 1976, Pepitone, 1972, Ruble and Feldman & Boggiano 1976), Hartup and Coates (1967) consider peer-group reaction to be of such important consequence that they feel that a classificatory system can be contemplated in terms of children who often received social reinforcement from the peers, that is they are relatively popular or have seldom received reinforcement from their peers. Bernard E. (1983) has suggested that peer preferences and peer nomination are useful in assessing friendship and more general inter-group acceptance.

Trent (1953) has shown that self-rejection is closely associated with others rejection. Moustakas, C. E., (1956) considers self-acceptance to be a condition for self-growth. This

feeling of positive or negative acceptance is however outcome of family and community attitudes (Skinner 1984, Mead 1934, G. BachBachelard, 1948).

Sen, A (1988) has presented a comprehensive account of the work done both within and outside the country regarding the psycho-social problems of the handicapped. It is evident from the studies that the most central concern, which seems to be hinged with almost all spheres of adjustment of the handicapped is a sense of acceptance of the self, an understanding of shortcomings as well as abilities and a stage of effective coping. Self acceptance is the product of the quality of experiences and emerges through with significant others.

If we look closely into the various aspects of self-acceptance, sibling reaction and peer-group acceptance, we find that each is to some degree-dependent on the other. We can not visualize a state of optimal self acceptance without positive-attitudes from peers and siblings, nor can we contemplate warm peer-relations without a particular level of self-acceptance in the individual. Despite being interactive all three are conceptually-independent entities. Therefore a study of them in relation to handicap persons can provide very useful information in understanding the handicapped.

AIMS AND IMPORTANCE OF THE STUDY

With the progress of civilization, altruistic value of compassion and service have become important and viable priority

values towards which the human race aspires. National policies are framed in accordance with these goals. In our national policy, our commitment to the uplift of deprived groups, minority groups, handicapped groups has featured ostensibly in the 20 point programmes and 15 point programmes put forward. Unfortunately, these programmes have not elicited the desired results because a proper knowledge-base had not been prepared. Hurriedly, the politicians launched the programme for short term benefits, while the academician remained un-involved in his ivory tower. Without a knowledge of human dynamics, particularly at the level of attitudes, expectations, inhibitions, perceived fears and apprehensions, no programme can address itself with effectiveness and long term success. The social scientist owes to the community a debt in this regard.

An awareness amongst the Indian psychologists during the last few years has led them to focus on issues relevant to the nation rather than replicating foreign researches. We find a lot of studies coming up regarding behaviour dynamics of socio-economically deprived groups, minorities etc., but studies on psychological factors associated with handicap, causative or resultant still leave many points on the map unmarked.

Although numerous studies of the hearing impaired with a bias towards intervention strategies have appeared in our country during the decade, little work has been done on the visually impaired. Studies on orthopedically handicapped are also growing,

but a lot still remains to be done. With the firm belief that possibility for effective living must exist somewhere within the behaviour potential of the handicapped, the investigator has undertaken this work; for through an understanding of his psychological reactions can the handicapped be better understood.

The aim of the study is to focus on the most crucial paramater of identity and adjustment namely self-acceptance. As has been succinctly put, happiness is not having what you want but wanting what you have. An individual who is able to understand his deficiencies and compensate in other desirable directions has lessened the negative impact of his deficiencies. The conditions for arriving at a balanced point which keeps one away from the neurosis of over-compensation and the depression of being incapable can be achieved only if there is an objective appraisal of oneself. This is impossible if an individual continuously rejects some reality about himself. Self-acceptance denotes this self-awareness which all personality theoriests accept as an important pre-condition for an individual's adjustment.

Self-acceptance however; can not possibly come into existence unless some reaction input from those around him helps him to come to terms in a practical way with his handicap. Siblings provide an important type of stimulus condition for the handicapped child in building a self-image. Help, compassion, humour, respect and dignity from his sisters and brothers can help the handicapped

child in developing important facets of his personality. Though aware of his handicap in the situation he will not make it an obsession or focus. On the other hand siblings who are resentful or feel ashamed of their handicapped sibling will foster frustration, helplessness and self alienation.

The role played by siblings is taken up by the peer group at a later stage. Being a social group outside the family unit it will exert an even more important influence.

By bringing together a study of these three important dimensions, the investigator has attempted to give a somewhat holistic picture of the phenomenon. Most significantly since sibling reaction and peer-group reaction are aspects of behaviour that can be managed and guided (because both fall in the category of well wishers), the study can help in creating awareness about responsibilities and roles. This will be a concrete step in operationalizing the nation's concern for helping the handicapped.

CHAPTER - II

METHOD AND PLAN

The major variable which the investigator is studying is self-acceptance of the handicapped, it is proposed to elucidate the role of peer group acceptance and sibling reaction in the emergence of the phenomena of self-acceptance. Self-acceptance therefore is the dependent variable and peer-group acceptance and sibling reaction the independent variables of this study.

The crucial role played by self-acceptance in the psychological health of the individual has been highlighted by many investigators, particularly Rogers (1968), Allport (1961), Hurlock (1932). For the handicapped this dimension is of particular significance as the special problem that they are facing makes the process of self-acceptance difficult. The feeling of being different, less attractive, guilty (if the disability is perceived as a punishment), angry (if the disability is perceived as an unfair burden imposed by God) or helpless - all these make the process of self-acceptance more difficult. The relationship with peer group and sibling is a potent force which affects the self-acceptance of the individual. It is through this relationship and the feeback received through these agencies that

the individual is able to form an image of himself and either come to terms realistically with it or continue to grope and and falter right to the end. Undoubtedly, peers and siblings play a vital role in the psychological happiness of the child. How the peer and sibling reaction affects the child is another important question, for in the ultimate analysis it is the individual's own cognitions and perceptions that decide how he is going to be influenced by these forces. If a gesture of genuine concern is interpreted as a reminder of inferiorty or a condescension, a positive act will be perceived as a negative one. True, this attitude on the part of the handicapped must also be the resultant of experience, through these social agencies. Nevertheless, it is in the context of the self that these forces become meaningful. Therefore, the role played by various primary social forces like peers and siblings on the individual's cognition of self and its acceptance is a phenomena which deserves investigating.

It has already been brought out in chapter-I that the system of demarcating handicap on the basis of the organ involved, though important in terms of techniques and aids for teaching and improvement is no longer considered important by psychologists because a common thread pervades throughout the

spectrum and also because no handicap is isolated in occurrance, rather it is accompanied usually by some other concommitant; yet because a certain dimension of handicap namely sensory handicap studied by us (visually impaired & hearing impaired) places the individual in a position of very restricted interaction with others, where as in the orthopaedic handicap this may not be the case, the investigator in view of the nature of the variable being studied, compared the orthopaedically handicapped and sensory handicapped in terms of the role played by sibling and peers in self-accepting.

Sex is an important variable in terms of the emergence of self-acceptance. Since gender plays an important part in child rearing practices and in the Indian culture particularly the attitude towards the female child is less positive than attitude towards the male child, it is possible that when the female child is handicapped, attitude towards her may perhaps be a matter of even greater concern. Therefore the two gender group were also compared.

Adjustment is a process of gradually coming to terms with problems and exigencies. It is expected that with the passage of time, the individual will reach a point of realistic appraisal and self-acceptance. Therefore the younger and older age groups were also compared.

Since the factor of living with the immediate family or living in an institution is a pertinent factor, affecting his reaction to life in general, and his self in particular, the subjects residing in the institutions were compared to those residing in their home.

It may be summarized that the investigation consists of studying the role of two independent variables (peer-acceptance and sibling reaction) on self-acceptance, which constitutes the dependent variable. Nature of handicap, sex, age and mode of living also form a central part of the investigation.

TOOLS OF STUDY

Self-acceptance measure --- Alienation Scale

The dependent variable proposed to be studied by the investigator is self-acceptance. The alienation scale developed by Kureshi & Dutt (1979) was used to measure this dimension.

Self-acceptance denotes, "the degree to which an individual having considered his personal characterstics is able and willing to live with them", (Pannes, E.D., 1963).

Those who are alienated are not accepting themselves Keniston (1965) conceptualizes alienation is, "an explicit rejection freely chosen by the individual" or "an unwillingness

to accept the optimistic, sociocentric, affiliative, interpersonally oriented and culturally accepting values" (1968).

This denial or rejection is the very antithesis of acceptance. Both alienation or acceptance are pointing towards a dimension of behaviour that is essentially the same, semantic difference can not diminish the conceptual oneness of the dimension. It would therefore be logical to operationally define alienation (a type of rejection) as the negative end of the acceptance continumm.

This operational definition of acceptance interms of alienation is upheld fully by the theoretical base on which the alienation scale is built. This scale, constructed by Kureshi & Dutt (1977) studies five dimensions. These five factors were extracted from a number of scales used in sociology and psychology, embracing the feelings and attitudes about ones own self in relation to the environment. Some of the subdimensions were the ones used in other scales while others were identified on the basis of a study conducted by the author's. The five factors which have been claimed to tap alienation in all its entirely are 'despair', 'disillusionment', 'unstructured universe', 'psychological vacuum', and narcissism'. Despair refers to a feeling of hopelessness, of being disheartend and pessimistic combining the general feeling

of anxiety, a vague uneasiness and distress of mind, a tendency to resignation and escape, at times expressing itself in aggressiveness and indignation to others. Disillusionment suggests detachment and bitterness experienced by the individuals subvirting his hopes and ideals the dawn of truth puts him in state where he reprimands himself and develops feelings of scorn and disdain against his own self. An experience of emptiness, an extinction of meaning and purpose on life, a feeling that the corporal needs are all in all and that human values are of noconsequence, are what the factor psychological vaccum conveys. The feeling that men and nature are governed by regular laws is an illusion expresses the accept of "unstructured universe". An excessive preoccupation with ones own worth is what is meant by Narcissism.

Thus these concepts express fully and comprehensively what the investigator wishes to study. A high-score on alienation would depict non-self acceptance and vice versa.

The five factors namely 'Despair' 'Psychological vacuum' 'Unstructured universe' 'Narcissism' and 'Disillusionment' are distributed in twenty one items and give a composite score on alienation and the placing of an individual along a continumm.

Each statement of the scale was to be responded in terms of either of the four categories ---- 'Always' 'Often' 'Sometimes' 'Never', indicating in a declining order, the intensity of the feeling. While most of the items were phrased in a way that response in affirmative indicated the feeling of alienation , some times they were phrased in the reverse order so that responding in negative terms pointed to the intensity of alienation. 'Always' was to be scord as 4 'Often' as 3 'Sometimes' as 2 'Never' as 1 (or vice versa, depending on the wording of the item).

SIBLING REACTION MEASURE

The interaction with sibling covers a large gamut of experiences. For the handicapped these experiences cover unique dimensions where as normal siblings can take forgranted, acceptance and love of each other despite phases of jealousy and rivalry, the handicapped child may find himself in many disturbing and pressing situations vize viz siblings. In order to investigate this aspect of the handicapped individuals worlds, a set of items was prepared by the investigator. In psychological researches where tools specific to a particular situation

may not be readily available, the investigator must design his tool of study which serve his purpose best.

Therefore on the basis of knowledge and information about the phenomena, fifty five items were carefully prepared by the investigator which covered the various aspects of sibling reaction. These 55 items were given for scrutiny to research scholars and teachers of the Department of Psychology, AMU, Aligarh. In total 15 researchers including seven senior teachers participated in evaluating the items. On the basis of their judgements, 37 items were retained. The items covered almost all aspects of sibling interaction of pertinence to handicapped. For example, the item "whenever my sisters and brothers friends make fun of me, my siblings feel ashamed of me" gives an idea of the manner in which siblings look upon their handicapped brothers/ sister, which this attitude goes a step forward in the item "my brothers and sisters also join their friends in humilating me". Items such as "I like to play games and perform tasks with my sister & brothers" and "whenever I guide my sisters and brothers, they listen to me carefully and follow my advice" bring out the warm, positive aspects of the relationship that speak of not only tolerance of the handicapped brethren, but also respect and affection".

Since the process of selecting items involved a screening and scrutiny by fifteen experienced researchers; it may be stated without hesitation that the content validity of the sibling reaction scales was established.

The split - half reliability of the scale was found to be o.82. Two response - categories were provided to the subject. He was asked to indicate his agreement or disagreement by putting a tick - mark either against 'yes' or 'no'. Responses were given the score of 2 or 1, the score of two being given to the response indicating positive attitude.

PEER GROUP-ACCEPTANCE ----- SOCIO-METRIC TECHNIQUE

Bronfentenners (1953) has defined socio-metry as, "a method for discovering and evaluating, social-status and development through measuring the extent of acceptance or rejection in social groups". The sociometric technique is a method to determine the degree to which individuals are accepted in a group, to discover the relationships that exist among these individuals, to reveal group structures, and to identify subdivisions of the group and various types of group positions like populars, neglectees, isolatee, ect.(Sharma 1975).

Since our purpose was to evaluate the peer-groups preference and acceptance of the individual, and this involved an

understanding of the individual in a group setting, the socio-metric technique was considered to be appropriate. Designing a socio-metric tool involves various steps like (a) selection of the choosing situation (the socio-metric criterion) (b) the determination of the number of choices to be used (c) The wording of the socimetric questions and (d) the development of directions and format to bring out valid responses. However, a socio-metric tool had been devised by Rasheed, T (1989) which appeared to be appropriate to study peer-acceptance. Therefore, the tool designed by the above investigator was used.

The three situations presented to the subject were:----

(1) Which three students of this class-room would you like to have as your seating companion ?

(2) Which three students of this class-room would you like to play with during recess in school ?

(3) Which three students of this class-room would you like to do a class-assignment with you ?

The questions are simple and meaningful to students, undergoing education in a group. At the same time they would bring out by how many of his/her peers has the subject been accepted. And this is precisely what we want to know,

SAMPLE

The study was conducted on 200 handicapped subjects, 116 males and 84 females. The sample comprised of both orthopaedically and sensory handicapped subjects ranging age between 12 years to 25 years.

The sample was drawn randomly from the following institutions:-

(1) Abidanandan home and school of deaf-dumb and blind, Rambagh, Srinagar.

(2) Bone and Joints Hospital, Barzulla, Srinagar.

(3) Ahmedi School for Blind, Aligarh.

142 subjects resided in the institutions, while 58 resided with their families.

Plan of the Study

In accordance with the objectives of the study the following procedure was carried out by the investigator.

Since the role of sibling reaction and peer-group acceptance in bringing about the phenomena of self-acceptance had to be evaluated, the subjects were divided into four groups on the basis of self-acceptance scores, p25, p50, p75 were calculated and four groups were

demarcated ---- highly self-accepting, self-accepting, non self-accepting and highly non self-accepting. Since the self-acceptance measure was in terms of self-alienation, those falling in the upper quartile constituted the highly non self-accepting group and those falling in the first quartile formed the highly self-accepting group. (Appendix-IV)

The four groups were compared in terms of sibling reaction scores and peer group acceptance scores. The t test was applied to find the significance of difference between the means of the various groups. Furthermore, an attempt was made to evaluate the extent to which both sibling reaction and peer-group acceptance concurred in the expected direction in each of the groups. The significance of difference between percentage of agreement and disagreement was found out by computing the standard error of difference, and thereby the C R.

The orthopaedically handicapped were compared with the sensory handicapped on all three variables similar comparisons were made between male & female sample, the younger and older age groups and institutionalized and non institutionalized groups.

In this manner information was elicited with regard to whether peer-group acceptance and sibling reaction contributed to self-acceptance of the handicapped. Furthermore information based on type of handicap, gender, age and mode of residence was also obtained.

CHAPTER - III

RESULTS AND DISCUSSION

When the investigator has taken various steps to obtain information, in accordance with the objectives of the study, the next step is to organize the information cogently, and treat it with appropriate statistical measure, so that results of the investigation become clear.

The results obtained by the investigator are being reported in the forthcoming paragraphs, while detailed discussion will be taken up after reporting the results.

Four groups, demarcated on the basis of self acceptance scores were formed as follows:-

group I - Highly self-accepting

group II - Self Accepting

group III - Non self- Accepting

group IV - Highly non self-Accepting

The results are being reported in the following orders:-

(1) intergroup differences amongst the four self acceptance groups on bibling reaction and peer acceptance

(2) comparison on self-acceptance, sibling reaction and peer acceptance of the following groups-

(a) males and females

(b) higher age group and lower age group

(c) orthopaedically handicapped and sensory handicapped

(d) institutionalized and non-institutionalized handicapped subjects.

The inter-group comparisons of the four self-acceptance groups on sibling reaction and peer groups acceptance elicited results reported in tables I and II. It may be observed from these tables that group I and II differed significantly ($P.<01$) on both the dimensions. The direction of the difference shows that the highly self-accepting group had a higher mean score on sibling reaction as well as peer-group acceptahce. Since the score on both is positively biassed, that is, a high sibling reaction score is indicative of positive sibling reaction and a high peer- group acceptance score indicates higher peer acceptance, the results indicate that group I showed a significantly high response on the two dimensions in comparison to group II.

When group I and III were compared, again the t value obtained for the two dimensions was significant again the direction showing ahhigher score for group I, the difference however is significant at $P<.05$ in the ease of sibling-reaction and $P<.01$ in the case of peer acceptance. Exactly the same situation exists in the case of group I and group IV. The t value obtained for differences in the mean of sibling-reaction score was 2.67, which is significant at .05 level where as the t value obtaindd for peer-acdeptance was 4.90 which is significanty at .01 level.

Group II and III were found to differ significantly on sibling reaction, t value being 2.93 which is significant at .01 level The difference in the peer-acceptance was however insignificant. Regarding group II and group IV the t value for means of sibling reaction was significant at .05 level but for peer-aceeptance was again not significant.

In the case of group III and IV the difference on sibling-reaction was insignificant, t balue being .530, but the t value obtained for the means of peer-acceptance was significant at .05 level.

To summarize, we may state that the highly self accepting group differed from all the other groups both on sibling reaction and peer acceptance.

Comparisons between group I and II and III, I and IV yeild significant t values on both the dimensions. The remaining inter-group comparisons yeild significant t value in 3 instances but insignificant values in 3 others.

In order to ascertain if both positive sibling reaction and high peer group acceptance occured simultaneously with high self acceptance, and the same phenomena was found occuring in a similar manner in low self acceptance, the investigator compared the percentages of simultaneous occurance of the two phenomena. Scores above the median on sibling reaction Scale and peer-acceptance were considered to indicate a positive position on the phenomena and scores below the median a low position on the two. The median value obtained for sibling-reaction was 17.9 and for peer-acceptance was 17.9 the percengate of agreement between the position on the two variables was found out for all the four groups, the significance of difference in percentage of agreement and disagreement were calculated, Results obtained are reported in Table III(a).

We observed from Table III (a) that in group I

the agreement between the peer-acceptance and sibling reaction was 72.5 per cent in group II 43.28 per cent in group III 56.6 per cent and in group IV 65 per cent. In group I and IV , we find that the difference in the percentage of agreement and disagreement is significant. In groups II and III we find that there is no agreement between peer-acceptance and sibling-reaction.

From Table III (b) we can observe that in 29 cases out of 40 there was agreement, but out of these 29 cases, the agreement was in terms of high scores in 24 cases and in terms of low scores in 5 cases. The percentage of agreement on high score is significantly higher as compared to agreement on low score, the critical ratio obtained being 2.41, which is significant at 0.05 level.

From Table III (c) it is clear that agreement in terms of low scores is significantly higher than agreement in terms of high scores. The value of the critical ratio obtained was 2.41 which is significant at .05 level.

Next, the sex, age, orthopaedic-sensory, institutionalized and non-institutionalized were compared on all the three dimensions namely self-acceptance, sibling reaction and peer-acceptance.

We observe from tables IV,V,VI and VII that males & females differed in terms of self-acceptance level. The means self acceptance score of males was 56.53 and females was 53.72, t value being 2,57 which is significant at .05 level. The self-acceptance score of males is therefore significantly higher than that of females.

No differences were obtained between older, younger, orthopaedic sensory handicapped subjects, and between institutionalized and non-institutionalized subjects.

Thus in terms of self-acceptance; difference only in one group namely sex, was observed. Neither age nor nature of handicap, nor mode of residence accounted for any difference in self-acceptance.

Next, the two gender groups were compared on sibling reaction and peer-acceptance. Table VIII & IX indicates that there is no significant difference on the dimensions among males and females. Thus it appears that although males had a higher self acceptance level than females, the dimensions of sibling reaction and peer -acceptance operated in both males and females without distinction.

Age did not account for any difference in sibling reaction or peer-acceptance.(Tables XI and XII) Neither did it account for differences in self acceptance level. When the orthopaedically and sensory handicapped were compared on sibling reaction a difference significant at .01 level was observed . The mean for orthopaedic group was 19.76 where as for sensory handicap group was 18.24. It is clear that the orthopaedically handicap ped group showed more positive sibling reaction than the sensory group. No difference was observed in peer-acceptance amongst the two groups.

On comparing the institutionalized and non-institutionalized groups on sibling reaction and peer-acceptance(Tables XIII and XIV) we observe that while no significant difference is seen in sibling reaction, a t value of 2.61, indicative of a difference significant at .01 level is observed in terms of peer-acceptance. The non-institutionalized group showediin higher score on peer-acceptance than the institutionalized group.

Thus we find that sex accounted for differences in self-acceptance level, age accounted for no differences in any of the three dimensions, nature of the handicap seemed to play a role in sibling-reaction and the factor of being institutionalized or non-institutionalized played a role in peer-acceptance.

DISCUSSION :

The major issue which the present investigator wishes to probe is with regard to the role of siblings and peers in the self-acceptance of the handicapped person. The role of sibling was studied through the sibling -reaction scale and the role of peers through a socio-metric scale measuring peer acceptance.

If we scrutinize the results obtained in the inter-group comparisons on the two variables we find that out of six intergroup comparisons on Sibling-reaction five have yielded t values indicative of significant difference. We also observe that the direction of difference points to the high self accepting group having a higher score on sibling reaction. Out of the6intergroup comparisons on peer acceptance, 4, have yielded t values indicative of significant difference. Again, the direction of difference is indicative of the high self accepting group showing greater peer-group acceptance.

It is interesting to note that ~~that~~ the highly self accepting group differs from all the other three groups in both the dimensions. The other group do not show difference with the same consistency.

Siblings and peers are potent social forces for the growing child and adolescent. They are often more important than parents in determining feelings of self-worth in the individual. The child knows that parental love is usually unconditional and his shortcomings will probably not diminish it. Appreciation from siblings cannot be taken for granted in the same unconditional manner. Although parents reward good behaviour and affection among siblings, and parental expectations may lead to a caring attitude towards the handicapped sibling, nèverthless the young child does not have the patience, commitment and involvement towards his handicapped brother and sister in the same manner as his parents may have. Thus when the siblings responds warmly to his handicapped brother/sister the handicapped child will get an implicit message of his self-worth. This many contribute markedly towards creating an attitude of self-acceptance.

This is even more true in the case of peers. Acceptance from the peer group is based not on any filial advice but purely on personal evaluation. Being accepted by peers will probably be felt as a parameter of being acceptable and likable to others. These relationship are even more meaningful to the handicapped than for the normal child. The acceptance

by significant others, particularly when he feels that he is being accepted voluntarily without compulsions, becomes a criterion for self-evaluation. The handicapped, unsure of his status, afraid of not fitting into the slot of popular, active and bright child and often finding himself discriminated, is ready to build-up a cage for himself and throttle his existence within. Warmth and acceptance from siblings and peers helps him to assess his status with an element of positivity and thus accept himself. There is no need to run away from his self, no need to deny reality. And it is the acceptance of reality that helps the individual to function normally and often to rise above normalcy. Helen Keller, Mozart, Bach and Soordas are not fictions but realities. Even within ~~our~~ ordinary lives, we find realities of this kind handicapped people excelling in their profession, accepting their limitations and coping with them cheerfully. We have an example in this University itself of an orthopaedically handicapped student conducting and controlling all the literary and cultural activities of the University from his wheel-chair for more than three years. His cheerful face was a common sight and without trace of inhibition his friends lifted him in their arms for any need

that arose. This attitude of accepting their limitations as well as strengths is a manifestation of self acceptance. Both the attitude of the siblings and attitude of peers appears to influence it. The highly self-accepting group is significantly higher on both these dimensions than all the other groups.

Not only this, we find that positive sibling reaction and high peer-group acceptance occurs simultaneously in the highly self-accepting group. In the highly non-selfiaccepting group a low score on sibling reaction and low score on peer acceptance concurs. In the other two groups this concurrance is not seen.

It appears therefore that a high degree of a self acceptance is observed when both peer-acceptance and sibling relations are positive. Low self acceptance seems to go hand in hand with poor sibling relations and low peer group acceptance. Table III(a), III(b) and III(c) clearly explain the above. It should however be pointed out that a more comprehansive study, in which a much larger number of subjects would fall in the extreme groups should be undertaken in order to throw light on this aspect more meaningfully.

Next, we come to inter-group comparisons on self-acceptance, sibling reaction and peer group acceptance amongst males & females, higher and lower age groups orthopaedic handicapped sensory handicapped and institutionalized non-institutionalized subjects. Sex was the only variable that affected self acceptance scores. The mean self-acceptance score of males was significantly higher than that of females. No difference amongst the groups was seen in sibling-reaction and peer group acceptance.

This is extremely interesting. While the higher self-acceptance of males is in keeping with differential attitudes and reactions towards girls and boys which are so commonly seen in our country, yet the fact that there is no difference in terms of attitude of siblings and peers points out that in all probability some other factor is responsible for this difference. If we may hazard a guess, the source of this difference is in all probability the parent. If we observe our cultural milieu, we find that neither siblings nor peers are concerned in their interaction about the sex of the siblings/peers. That is to say a child will respond with the same affection to his sister as to his brother, and females peer group will have the same warm interactions

amongst themselves as a male group has. It is basically parents, perhaps more so the mother who exhibits a preference for the male off spring. It is possible that the difference observed in self acceptance, but absence of difference in sibling-reaction and peer groups acceptance amongst gender groups occurs due to this factor. Also, due to reactions of other members of the society, a girl may view her problem with a greater degree of helplessness than the boy. She may realize that her destiny will probably be to languish as a dependent for life, unwanted and uncared after the parents are no more. For the male, usually the future and job is given more serious thought, so although the handicapped male has his burden to bear, the girl may be more apprehensive, lonely and disturbed.

We were under the impression age will probably be a pertinent factor in self acceptance. We were encouraged to feel the posibility of this because with the passage of time, problems and dissatisfactions often arrive at a point of stability brought by maturity and realistic evaluation. We find however no significant difference between the younger and older age groups in terms of self-acceptance.

It is important to point out at this juncture that it is not the passage of time by itself that can cause changes except probably growth changes that are bioligically monitored but rather it is events and experiences that occur in that time which are responsible for deep psychological changes. In the absence of appropriate interventions, changes can not take place and this probably is the case in the present situation. For if we examine the general level of awareness regarding problems of the handicapped we find by and large a lack of understanding and appreciation with regard to them, so the question of appropriate interventions does not arise.

The age groups did not vary in terms of siblings reaction and peer-acceptance also. Since the position with regard to siblings is crystallized within the early period of the individuals life and since peer-relations also reach a stable point by late childhood the age group falling between 12-18 and between 19-25 did not exhibit difference on these two dimensions.

Similarly no difference in self acceptance were observed amongst orthopaedically handicapped

sensory handicapped and institutionalized - non-institutionalized subjects. Thus neither nature of handicap nor mode of residing influenced level of self acceptance.

Self acceptance is a deep core personality characteristic and would probably by influence by experience affecting the individual rather than relatively superficial difference like nature of handicap itself. Being institutionalized or living at home should, by this reasoning have effected self-acceptance because the nature of experience to which an individual is exposed to differs deeply. When interactions are with family or with non- family. Yet this was not the case. It appears therefore that there are elements whithin the institutions that compensate for family interactions and bring the point at balance. Undobbtedly the institutions for the handicapped are based on approaches and systems that understand the problems of the handicapped more than family. Further, the individual lives in close proximity to exclusively handicapped persons and nagative comparisons may be minimized. The family which places the individual in an advantageous position of receiving affection and warmth does not have the advant ages cited with the regard to institutions for the handicapped. Further those residing in institutions

are not suffering from feelings of being rejected by the family because these institutions are educational, geared to their special problems, so their status is like that of non-handicapped students living in hostels.

We observe, however, that the orthopaedically handicapped show a significantly more positive sibling reaction score than the sensory handicapped, the difference amongst the groups being significant at the .01 level. Day to day interactions are by and large carried out through the combined action of receptor and effector channels and the sensory apparatus forms the crucial input means of environmental information. Deficits at the sensory level may hamper communication to a vast degree. Communication with siblings may thus be limited in case of sensory handicapped, At the level of peer-acceptance, no significant difference is observed. The reason for this lies in the fact that the handicapped individual has choice in the matter of peers so the orthopaedically handicapped is by and large more exposed to orthopaedically handicapped and the sensory handicapped to the sensory handicapped if he ~~resides~~ is institutionalized, and to peers of choice if he resides out side institution. This matter

of choice in the matter of peers contributes to a levelling effect on the two groups.

Another interesting observation is that where as in terms of sibling reaction no differences were observed amongst the institutionalized and non-institutionalized, the groups differed significantly in terms of peer group acceptance, the value of t being significant at .01 level. It may be noted that a higher score is obtained by the non-institutionalized groups in comparison to the institutionalized. One would have expected that within the institutions where like-situationed are residing, acceptance at peer group level will be higher. In the same manner it was expected that subjects residing with their family would show a higher score on sibling reaction than subjects living in institutions for the handicapped. Again this was not so. It will be difficult to make a statement in this regard without in depth informtions on various aspects of living in the institutions studied. Only then would the dynamics involved become coherent. At this point we are justified merely to conclude that this aspect of phenomena deserves to be investigated.

In brief we may state that our investigation points to the fact that sibling and peers contribues to self-acceptance amongst the handicap ped. Their contribution is more marked in the highly self-accepting group. The highly self accepting and highly non-accepting groups whow a concurred persence and a concurred abasence respectively of high score on sibling reaction and peer-group acceptance. Gender difference were observed in level of self acceptance; orthopaedically handicapped had a significantly higher score on sibling reaction than sensory handicapped and the non-institutional subjects showed greater peer-acceptance than institutionalized.

Implications of the study and suggestations for further Research :

The first important question that any investigator should put himself is what is to be gained by the work that has undertaken, who is going to benefit from it.

Of course, the first important gain from any meaningful research is that some little bit is added to knowledge and information. We get to know something about our ownselves and about human dynamics. This intrinsic human urge to unravel the unknown is satisfied. If the work done can

be directly useful to us, all the more better.

Before pointing out the implications and applications of a particular study, it is important to view its shortcomings, This is an essential part of any research because it is in this sense of humility that the future of knowledge lies secure. Of course, if all possible short-comings can be pre-perceived, the study would be an immaculate piece of research, but because a large number of factors become clear after data has been organised and analysed and also becuase some problems though within the perceptual frame work are unavoidable, the re-capitulation of short-comings is essential for continuity of knowledge. First and foremost, a study of this type can best be undetaken by a research group rather than an individual. An individual researcher can tap limited sources of information, thus the sample of study must necessarily be much smaller than optimally desirable. When stratified into groups the sample appears even smaller. This is a disadvantage from which almost all psychological researches including the present one suffers. Therefore the findings of such studies should be considered as points to facilitate more comprehensive research. A more inclusive and xxx x

comprehensive study would enable us to carry out finer, more sophisticated analyses that can enrich psychological theory. So the first important point which the investigator must make is to carry that conclusions arrived at are pointers to possibilities and not final verdicts.

That siblings and peers are important forces determing self-acceptance is clear. The Indian culture, with its values of compassion and service does contain in its attitudes and appraoches a spirit of caring for the handicapped but in today's fast competetive life it is difficult for these values to function as before. There are genuine problems involved. If both parents are working who will care for the handicapped child, particularly with nuclear families now emerging? The solution lies in having schools and institutions catering to the handicapped. We find them sadly lacking in our country. Only in and around big cities do these institutions exist. Further, even if the mother is staying at home, she does not have knowledge at her disposal to trained the child to over-come in a scientific way his handicap and develop

his other potentialities. She does not have the relevant information and knowledge herself. Therefore creating facilities for helping the handicapped to develop his potentialities is important. Training courses geared to this purpose must be organised and people encouraged to learn from them. These trained personnel can help to educate and guide handicapped people in their localities so that the absence of formal institutions is compensated. In fact it would be an excellent idea if girls could go for this type of training as it would be a good avenue for self employment.

Children should be educated to understand what handicap is and what the problem of handicapped children are. Films can be shown in schools and chapters in their text included which develop positive attitude and understanding. This will play an important role in the possible mainstreaming of the handicapped.

In the end it must be stated that the psychologist owes a duty to the society in which he lives. More broad-based researches of relevance to handicapped must be undertaken.

TABLE - I

INTER GROUP DIFFERENCES IN SIBLING REACTION

	Mean (sibling reaction score)	S.D	t value
Group I (N = 40) (Highly self-Accepting)	20.56	4.36	
			4.76**
Group II (N = 67) (Self-Accepting)	15.28	6.13	
Group I (N = 40) (Highly self-Accepting)	20.56	4.36	
			2.08*
Group III (N = 53) (Non self-Accepting)	18.41	5.25	
Group I (N = 40) (Highly self-Accepting)	20.56	4.36	
			2.67*
Group IV (N = 40) (Highly Non self-Accepting)	17.85	4.6	
Group II (N = 67) (Self-Accepting)	15.28	6.13	
			2.93**
Group III (N = 53) (Non self-Accepting)	18.41	5.25	

** Significant at $p < .01$

* Significant at $p < .05$

Group II (N = 67) (self-Accepting)	15.28	6.13	
			2.004*
Group IV (N = 40) (Highly Non self-Accepting)	17.85	4.6	
Group III (N = 53) (Non Self-Accepting)	18.41	5.25	
			NS .530
Group IV (N = 40) (Highly non self-Accepting)	17.85	4.6	

TABLE - II

INTER GROUP DIFFERENCES IN PEER GROUP ACCEPTANCE

	Mean (Peer-acceptance score)	S.D	t value
Group I (N = 40) (Highly self-Accepting)	11.87	4.39	
			5.76**
Group II (N = 67) (Self-Accepting)	7.05	3.99	
Group I (N = 40) (Highly Self-Accepting)	11.87	4.39	
			4.84**
Group III (N = 53) (Non Accepting)	7.98	3.26	
Group I (N = 40) (Highly self-Accepting)	11.87	4.39	
			4.90**
Group IV (N = 40) (Highly non-accepting)	7.7	3.73	

Group II (N = 67) (Self-Accepting)	7.05	3.99	
			NS .125
Group III (N = 53) (Non self-Accepting)	7.98	3.26	
Group II (N = 67) (Self-Accepting)	7.05	3.99	
			NS .826
Group IV (N = 40) (Highly non self-Accepting)	7.7	3.73	
Group III (N = 53) (Non self-Accepting)	7.98	3.26	
			2.48*
Group IV (N = 40) (Highly non self-Accepting)	7.7	3.73	

TABLE - III (a)

Showing agreement between sibling reaction and peer-acceptance in the four groups.

Group	agreement	disagreement	P	SE	CR
I (N=40)	29 72.5%	11 27.5%	60.125	15.01	2.99**
II (N=67)	29 43.28%	38 56.72	50.86	12.31	1.09 NS
III (N=53)	30 56.6%	23 43.4%	50.87	13.82	.969 NS
IV (N=40)	26 65%	14 35%	54.5	16.5	2.12*

TABLE - III (b)

Total Agreement in Group A	Agreement in High Score direction	Agreement in Low Score direction	P	SE	CR
29	24	5			
	82.75%	16.25%	71.28	17.95	3.70**

TABLE - III (c)

Total Agreement in Group D	Agreement in Low Score direction	Agreement in High Score direction	P	SE	CR
26	20	6			
	76.9%	23.1%	64.48	22.27	2.41*

TABLE - IV

INTER GROUP DIFFERENCES IN SELF-ACCEPTANCE

	GROUP	MEAN	S.D	t value
I (N = 116)	MALE	56.53	7.77	
				2.57*
II (N = 84)	FEMALE	53.72	7.42	

TABLE - V

INTER GROUP DIFFERENCES IN SELF-ACCEPTANCE

	AGE GROUP	MEAN	S.D	t value
I (N = 90)	12 - 18	54.31	6.90	
				NS 1.30
II (N = 110)	19 - 25	55.72	8.03	

TABLE - VI

INTER GROUP DIFFERENCES IN SELF-ACCEPTANCE

	GROUP	MEAN	S.D	t value
I (N = 127)	ORTHOPAEDIC	54.85	8.21	
				NS .58
II (N = 73)	SENSORY	55.50	6.36	

TABLE - VII

INTER GROUP DIFFERENCE IN SELF-ACCEPTANCE

	GROUP	MEAN	S.D	t value
I (N=142)	INSTITUTIONALIZED	55.57	6.34	
				NS .144
II (N=58)	NON-INSTITUTIONALIZED	53.87	9.85	

TABLE - VIII

INTER GROUP DIFFERENCES IN SIBLING REACTION

	GROUP	MEAN	S.D	t value
I (N = 116)	MALE	18.81	4.77	
				NS .671
II (N = 84)	FEMALE	19.29	5.16	

TABLE - IX

PEER-GROUP ACCEPTANCE

GROUP		MEAN	S.D	t value
I (N = 116)	MALE	8.73	4.21	
				.30 NS
II (N = 84)	FEMALE	8.92	4.37	

TABLE - X

SIBLING REACTION SCORE AMONG TWO AGE GROUPS

	AGE GROUP	MEAN	S.D	t value
I (N = 90)	12 - 18	18.61	4.53	
				NS .53
II (N = 110)	19 - 25	19.00	5.57	

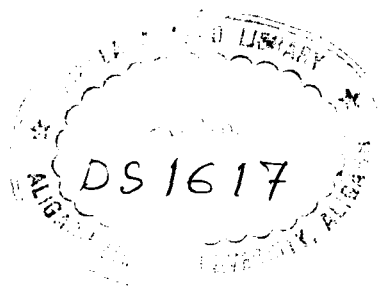

TABLE - XI

PEER GROUP ACCEPTANCE AMONG TWO AGE GROUPS

	AGE GROUP	MEAN	S.D	t value
I (N = 90)	12 - 18	9.07	3.60	
				NS .71
II (N = 110)	19 - 25	8.69	3.94	

TABLE - XII

INTER GROUP DIFFERENCES IN SIBLING REACTION

	GROUP	MEAN	S.D	t value
I (N = 127)	ORTHOPAEDIC	19.76	5.25	
				2.08**
II (N = 73)	SENSORY	18.24	4.34	

TABLE - XIII

INTER-GROUP DIFFERENCES IN PEÉR GROUP ACCEPTANCE

	GROUP	MEAN	S.D	t value
I (N = 127)	ORTHOPAEDIC	8.65	4.25	
				NS .09
II (N = 73)	SENSORY	8.08	4.32	

TABLE - XIV

INTER-GROUP DIFFERENCES IN SIBLING-REACTION

	GROUP	MEAN	S.D	t value
I (N=142)	INSTITUTIONALIZED	18.75	4.78	
				NS .63
II (N=58)	NON-INSTITUTIONALIZED	19.22	5.19	

TABLE - XV

INTER-GROUP DIFFERENCES IN PEER ACCEPTANCE

	GROUP	MEAN	S.D	t value
I (N=142)	INSTITUTIONALIZED	8.4	4.05	
				2.61**
II (N=58)	NON-INSTITUTIONALIZED	10.08	3.88	

A P P E N D I X

APPENDIX-'I'

ALIENATION SCALE

Every one has his own characteristic, way of thinking and feeling about his own self and the different aspects of life. Below are given some statements about which you think and put a mark ( ) on one of the four alternative responses, given each items, that best represents your feelings.

Name : _____

Sex : _____

Religion : _____

Marital Status : _____

Place and address : _____

1. I feel I am not as happy as others are ... ... Always Often Sometime Never

2. I feel if one can't face the hard realities of life the only way is to keep busy with more pleasant things ... ...

3. I feel our lives are governed by some discoverable laws ...

4. I feel one is sometime forced to take intoxicants to forget the troubles and miseries of life ... Always Often Sometime Never

5. I feel one it is safer not to confide in any one ...

6. I feel there is no end to one's miseries, as long as one lives ...

7. I feel disgusted to see others success as I know I could be far more successful had I been treated fairly ... ...

8. I feel worried beyond reason over minor matters ... ...

9. I feel one can be more contented by withdrawing from situations that are full of risks and uncertainties ... ...

10. People sometimes put me in such a state of mind that I feel like tearings them to pieces ...

11. I feel one is justified in hitting back as hard as possible, if provoked unreasonably ...

12. I feel firm conviction and well founded ideologies are the hall mark of modern age ... Always Often Sometime Never

13. I feel I am good for nothing

14. I feel love and affection don't matter as much in life as working relationship ... ...

15. I feel there are no well-defined objectives to guide me ...

16. I feel dissatisfied even with my best performance ... ...

17. I feel one is free to adopt his own way of life ... ...

18. I feel the universe is governed by the principles of equality, fair protections and equality of opportunity ... ...

19. I think I am the best judge of my actions ... ...

20. I like to do things all on my own

21. I feel it is not difficult for me to take a decision in the face of moral conflicts ... ...

APPENDIX-'II'

SIBLING-REACTION SCALE

Before I ask you to fill up this form I would like to assure you that whatever you write, will be kept strictly confidential and no one except me, will read this form. I hope that you will help me in my research work by giving your frank and clear answer.

Some statements are given below. Which show the relationship between you and your sibling (sisters and brothers). You are requested to read each sentence carefully. If you think that the statement is describing the manner in which your siblings behave, please put a tick mark ( ) against the statement, but if you think that your siblings never treat you in that manner, put a ( ) cross mark against the sentence.

Name : _____

Age : _____

Sex : _____

Class : _____

School : _____

		Yes	No
1.	Some times I feel that I am loosing parental affection and attention because of my sisters and brothers ...	( )	( )
2.	When I am made fun of my sister and brothers friends, my sisters and brothers fight with them for my sake ...	( )	( )
3.	Sometimes I hate to be surrounded by my sisters and brothers and often like to do my work independently ...	( )	( )
4.	I like to play games or perform tasks with my sisters and brothers ...	( )	( )
5.	Whenever there is the birth of a new baby in our house, I feel rejected ...	( )	( )
6.	I am considered to be a leader amongst my sisters and brothers ...	( )	( )
7.	When my sisters and brothers friends make fun of me, my siblings feel ashamed of me ...	( )	( )
8.	I am told to stay in my room whenever there is a big gathering in our house ...	( )	( )

		Yes	No
9.	I think my friends are luckier in their family life, as they get attention and affection from sisters and brothers ...	( )	( )
10.	Sometimes I feel lonely, bored, and disheartend, when I think that I am physically inferior to my brothers and sisters ...	( )	( )
11.	Life is more enjoyable with sisters and brothers ...	( )	( )
12.	Whenever my sisters and brothers go to their friends house, they like me to accompany them ...	( )	( )
13.	It is unfair to expect me to take care of my sisters and brothers ...	( )	( )
14.	Sometimes I feel my sisters and brothers are better organisors and managers than me	( )	( )
15.	I feel my sisters and brothers do not give any special attention to me, even when told to do so ...	( )	( )

	Yes	No
16. Sometimes I think that handicapped are threated very badly in their homes, while their brothers and sisters are not	( )	( )
17. I do not mind if my sisters and brothers sometimes, make fun my ~~interest~~ me...	( )	( )
18. My sisters and brothers mostly participate in activities of my interest ...	( )	( )
19. My family members treat me as a responsible person	( )	( )
20. My brothers and sisters sometimes put me in such a state of mind that I feel like tearing them into pieces	( )	( )
21. Active participation in home affairs and sharing responsibilities gives me joy ...	( )	( )
22. Whenever I am in difficulty my brothers and sisters never care to help me ...	( )	( )
23. Whenever I guide my sisters and brothers they listen to me carefully, and follow my advice	( )	( )
24. Mostly my brothers and sisters give me very little importance and ignore me ...	( )	( )

		Yes	NO
25.	My sisters and brothers are careful about my feelings, and they allow me to speak freely with them ...	( )	( )
26.	I like to guide my brothers and sisters in their problems ...	( )	( )
27.	Sometimes I am punished in order to maintain discipline ...	( )	( )
28.	Sometimes I feel I have no sympathy for my sisters and brothers, because they tease me ...	( )	( )
29.	I consider my sisters and brothers good friends and they think about my well-being ...	( )	( )
30.	My brothers and sisters get more things for reaction than me ...	( )	( )
31.	My sisters and brothers also join their friends in humiliating me ...	( )	( )
32.	Being handicapped, I am always ignorred amongst my sisters and brothers ...	( )	( )

		Yes	No
33.	I find in myself a lack of money good qualities which my sisters and brothers do not lack ...	( )	( )
34.	I am not as free as my sisters and brothers are in the home ...	( )	( )
35.	I like to share my toys with new born babies ...	( )	( )
36.	Sometimes I am unable to solve my problems independent while my brothers and sisters can do so ...	( )	( )
37.	Sometimes I wish to play with my sisters and brothers while they never bother about me ...	( )	( )

APPENDIX-'III'

PEER-ACCEPTANCE SCALE

INSTRUCTION

Often teachers have to make small groups of students for different kinds of activities. The task of assignment of students in the small groups becomes easy if the teachers know the liking of students about their class-fellows. This enables the teacher to put together pupils who like each other.

You are requested to answer a few questions regarding with whom you would like best to do some activities. In each case you have to name three students of your class in order of preference with whom you would like to participate.

Name : _____

Class : _____

Age : _____

Sex : _____

1. Which three students of this Class room would you like to have as your seating companion.?

2. Which three students of this Class room would you like to play with during recess in school.?

3. Which three students of this Class room would you like to do a class assignment with you.?

Appendix - IV

Demarcation of self-Acceptance groups (on the basis of scores on Alienation Scale).

P_{25} - 50.69

P_{50} - 56.13

P_{75} - 61.56

Group I	below P_{25}	-	N = 40
Group II	P_{25} - P_{50}	-	N = 67
Group III	P_{50} - P_{75}	-	N = 53
Group IV	P_{75} and above	-	N = 40

Appendix - V (a)

Composition of groups I (N = 40)

(Highly self-accepting)

MALES	19
FEMALES	21
HIGH AGE GROUP	20
LOW AGE GROUP	20
ORTHOPAEDICALLY HANDICAPPED	26
SENSORY HANDICAPPED	14
INSTITUTIONALIZED	27
NON-INSTITUTIONALIZED	13

Appendix - V (b)

Composition of groups II (N = 67)

(Self-Accepting)

MALES	40
FEMALES	27
HIGH AGE GROUP	34
LOW AGE GROUP	33
ORTHOPAEDICALLY HANDICAPPED	39
SENSORY HANDICAPPED	28
INSTITUTIONALIZED	52
NON-INSTITUTIONALIZED	15

Appendix - V (c)

Composition of groups III (N = 53)

(Non-self-accepting)

MALES	33
FEMALES	20
HIGH AGE GROUP	30
LOW AGE GROUP	23
ORTHOPAEDICALLY HANDICAPPED	37
SENSORY HANDICAPPED	16
INSTITUTIONALIZED	36
NON-INSTITUTIONALIZED	17

Appendix - V (d)

Composition of groups IV (N = 40)

(Highly non self-accepting)

MALES	24
FEMALES	16
HIGH AGE GROUP	26
LOW AGE GROUP	14
ORTHOPAEDICALLY HANDICAPPED	25
SENSORY HANDICAPPED	15
INSTITUTIONALIZED	27
NON-INSTITUTIONALIZED	13

Appendix - VI

Composition of groups

Group I(N=40) Highly self-accepting		Group II(N=67) Self-Accepting	Group III(N=53) Non-self-accepting	Group IV(N=40) Highly non slef-accepting	Total
MALE	19	40	33	24	116
FEMALE	21	27	20	16	84
HIGH	20	34	30	26	110
LOW	20	33	23	14	90
ORTHO.	26	39	37	25	127
SENSORY	14	28	16	15	72
INSTIT.	27	52	67	27	142
NON-INST.	13	15	17	13	58

Bibliography

Allport, G.W.(1961) Pattern and Growth in Personality. New York Halt.

Bachclard, Gaston,(1948), La terre et les reveries dn repos, Paris, Journal Corty.

Baller, W.R., Charles, D.C. & Miller, E.L.(1967) "midlife attainment of the mentally retarded", a longitudinal study. Genetic Psychology monographs, 75,235,329.

Bandura, A. & MCdonald F.J.(1963) "The influnce of social reinforcement and the behaviour of models in shaping childrn's moral judgements", journal of Abnormal and social Psychology, 67.

Bandura, A. & Grusec & Menlove, F.L.(1967) "Observational learning as a function of symbolization and incentive set", child development.

Banta, Elizabeth Mae, Ed. D., (1984) "Perceptions of parent, child relations by parents and siblings of deaf-blind children". Dissertation Abstract. Boston University.

Beardsley, Donna A.(1982) "Change attitude towards the handicapped". Psychologi-Vol.68(6) Cal Abstract 6724.

Bernard E. Whitley JR.(1983) "Peer preferences". Quaterly, V,46(3) 242-251.

Bhatt, U.(1963): The Physically Handicapped (A growing national problems), Bombay.

Bose, S. and Banerjee, M.S.(1969): "A resolution on the personal make up of some insitutionalised Physically handicapped", journal of Psychological Research, 13, 32-36.

Breslain, Naomi, Wetzman, Michal & Messanger, Katherine, (1982), "Annual Progress in child Psychiatry I studied", child development. 397-416.

Brestani & Prabucki, Kenneth, (1987) "effects of chronic stress in the family". A.S.A. sibling of Disabled children.

Bronfentenners, U.,(1953) "The Measurement of sociometric status, structure and development". sociometry, Monographs, No.6, New York, Becon House.

Bruner, J.S. (1965): The course of cognitive Growth, American Psychologist 1-15.

Coleman J.S.(1961), "The adolescent society, New York. Free press.

Cowarding, Nancy whelan(1984) "The relationship between moral development, other select rather characteristics and peer-acceptance of the handicapped adolscents". Dissertation, University of Califrina Loss Angeles

Dibner, A. and Dibner, S (1971) "Integeation or segregation of D c viauts ? The physically handicapped child" Community Mental Health Journal, .7(3) 227-235.

Dinaer, S.H. (1976) "Social comparison & self evaluation in children" Doctoral Disertation. Princeton University.

Du Bose, R.E. (1977) "Prediclive value of infant intelligence seales with multiple handicapped children", American journal of mental deficiency 81, 388-390.

Foskr, Susan, Rocheoter, N.V. (1987) "Social alienation & peer identification". A dialectical model of the development of the deaf community.

Fromm, E.(1956) "The art of loving" New York, Harper & Row.

Ghai, A., and Ihyerah, M.(1980): "A comparative study of personality patterns, Life satisfaction and problem pattern of orthopaedically impaired male adults with normal male adults. University Psychology Research Journal, 1,(1), 30-37.

Hampson, Robert, B.,(1984) "Adolescent prosocial behaviour". Peer group & situational factors associated with helping. Southern Methodist University.

Hartup, W & Coates, B (1967) "Imitations of peer as a function of reinforcement from the peer group & rewardingness of the model" Child Development 38, 103-1016.

Havighurst, R.J.(1953) Human development & education New York.

Hertha Riese, (1962) "Psychiatric approch in educational therapy with emotionally disturbed children" journal of the American womens association XII, 369-376.

Hicks,(1965) "Initation & rerention of film mediated aggrecsive peer & adult models". Journal of personality & social psychology (2) 97-100.

Hurlock, E.B. & Burstainm (1932) "The imaginary play mate's questionnaire study". J. Genet Psychology. 41, 380-392.

Hurlock, E.B. (1970) "The spontaneous drawing of adolescents" J. Genet Psychol, 63, 141-156.

Hoyer, Pavlette, Toyce Pereone(1984) "Attachment birth participation & Young children's reaction to new born sibling". Dissertation wayae state University.

Jersild, A.T. (1952) "In search of self" New York. Bureau of publications. Teachers College Columbia University.

Kelly, K.R.(1976) "The effects of peer & sibling exposire on social development in young children". Unpublished manuscript.

Keniston, (1965) The uncommitted. New York: Harcourt Brace Jovanovich, Inc. Young redicals - Notes on committed Youth, New York; Harcourt, Brace and World, Inc. Boon fentrenness (1953).

Kureshi, A. & Dutt, M. (1979) A factor analytic study Psychologia XXII, 99-105.

Lamb, M.E.(1977) "The relationship between mothers, fathers infants & sibling in the first two years of life". Paper presented to the biennal conference of the international society for the study of behavioural development, Pavia, Italy.

Lewis, M. & Resenblum, L.A.(Eds) (1975) "Friendship & peer relations" New York Wily.

Mathew, M.(1974): "A comparative study of inferiority feelings in pupils with body defects and without body defects", Journal of Psychological Researches, 18(2), 50-53.

Mead, G.W (1934) Self & Society, Chicago University, Chicago Press.

Moustakas, C.E., Sigel, I.E. & Schalock, N.D., (1956) "The objective method for the measurement & analysis of child-adult interaction". Child Development, 27, 109-134.

Nuttal, E. & Nuttal, R (1971) "The effects of size of family on parent-child relationship". Proceeding of the American Psychological Association. 6, 267-268.

Pannes, E.D., (1963), "The relationship between self-acceptance and dogmatism in junior senior high school students". J.educ. social, 36, 419-426.

Pepitone E.A.(1972) "Compatison behaviour in elementary school children" American Educational Research Journal 9,45-63.

Poznanski, E.,(1969) "Psychiatric Difficulties in siblings of Handicapped children", clinical pedeatrics, 8(4) 232-234.

Prasad, L.(1961): "Employing the blind in open industry". Indian journal of social work, 21, 404-416.

Rao, S.N.(1981): The handicapped and rehabilitation strategies. paper presented in the UGC Symposium on "Psychology of the Physically Handicapped" at the University of Poona in November.

Rasheed T.(1989) "Astudy of Biased componehts and Evaluation of Traits in self and others perception of popular, Neglectees and Isolatees". Unpublished Doctorial thesis submitted in Department of Psychology AMU, Aligarh.

Rechardon, S.A., Goodman, U. Hostorf, A.H. & Dornbusch, S.A. (1961) "Cultural unifomity in reaction to physical disabilities", American sociological Review,(26) 241-29.

Roger, C.(1968) "Interpersonal relationship" USA 2000 journal of Applied behavioural sciences 4.

Ruble, D.N. Feldman. N.S. & Baggiano A.K.(1976), 'social comparision between young children in achievement situation". Developmental Psychology. 12, 192-197.

Saltz, E Dixon, D & Johnson, J. (1978) "Training disadvantged preschoolers on various fantasy activities". Effects on cognetive functioning and impulse control. Technical report 8, May, Wayne state University.

Samucks, H.R. (1977). "the role of the sibling in the infants social environments" paper presented at the biennial meeting of the society for research in child Development, New Orleans.

Sen, Anima, (1988) Psycho-Social integration of the handicapped A challenge to the society.

Sethi, M. and Sen, Anima (1981): A comparative study of orthopaedically handicapped children with their normal peers on some psychological variables". Personality study and group Behaviour, 1,(2) 83-95.

Sharma (1975) "Handbook on sociometry for teachers and counsellors". Department of Educational Psychology and foundations of Education, National institute of Education, NCERT, New Delhi.

Taylor, N.K & Kogan, K.L. (1973) "Effects of birth of a sibling on mother child interaction", child Psychiatry and human development 4, 83-58.

Thompson, P.R. (1974),The severely multiply handicapped: What are the issues ? proceeding from the regional, Topical Conference, University of Utah, State lake city, Utah, March 6-8.

Trent, R. (1953) "Analysis of expressed self-acceptance among Negro children". Unpublished doctoral dissertation, Teachers College, Columbia University.

Turnbull, A.P. (1977), "Citizen advocacy in special education training". Education and training of the mentally retarded, 12, 166-169.

Walters, R.H., Parke, R.D., and Lawe, V.A.(1964), "Timing of punishment and the observations of Consequences to others as determints of response in-hibition. Journal of experimental child Psychology 10-30.